

Registration Form

Please print and fill out form completely. Call (914) 967-0700 with any questions.

Name (person responsible for payment) _____ DATE _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____ Best Daytime Number _____ Email address _____

Membership

- Medici Patron (\$5,000 and above)
- Grand Patron (\$2,500-\$4,999)
- Patron (\$1,000-\$2,499)
- Benefactor (\$500-\$999)
- Supporter (\$250-\$499)
- Family (\$100-\$249)
- Individual (\$40-\$99)
- Senior Individual (\$25-\$39)

My matching gift form is enclosed Membership Enclosed \$ _____



51 Milton Road
 Rye, NY 10580
 (914) 967-0700
 Fax: (914) 967-4495
 info@ryeartscenter.org
 www.ryeartscenter.org

**MEMBERS! YOU RECEIVE A
 DISCOUNT ON CLASSES:**
 10% discount - Family level & below
 15% discount - Supporter level & up

Classes/Workshops

Student Name (First and last)	Date of Birth	Class Name	Day/Time	Fee

Please check:

- I have read and understand the general information/policies page of the course catalog.
- I would prefer to receive materials from the RAC (catalog, newsletter, etc.) via email or the web.

Form of Payment

Credit Card (address needed)

- Cash
- Check
(made out to The Rye Arts Center)
- Visa
- Mastercard
- American Express

Account Number _____ Exp. Date _____
 Signature _____

Total
 \$ _____

FOR OFFICE USE ONLY

ACCT# _____ THRIVA QB MEM CARD DATE PROCESSED _____
 INITIAL _____ INITIAL _____ INITIAL _____ AH